

Report Year:

2010

10526

Corona Regional Medical Center-Magnolia

Corona

Page:1 of 13

Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

10526

Facility Name:

Corona Regional Medical Center-Magnolia

Address:

730 Old Magnolia Avenue

City:

Corona

Hospital Owner/Licensee:

Universal Health Services

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Joseph La Brie, MakeltRight, Inc

Submission Date:

1/18/2011 7:38:42 AM

Report Year:

2010

10526

Corona Regional Medical Center-Magnolia

Corona

Page:2 of 13

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
04	Rehabilitation Hospital - Magnolia	730 Old Magnolia Avenue	Remove	N/A	01/01/2013	12/31/2012

Report Year:

2010

10526

Corona Regional Medical Center-Magnolia

Corona

Page:3 of 13

Report Status: **Data Last Update:** 01/13/2011

Submission Date: 01/18/2011

Print Date: 1/18/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 04

Building Name: Rehabilitation Hospital - Magnolia

Type of Service Provided
☒ Nursing Inpatient Beds 10 Inpatient Days 2287

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☒ Psychiatric
Nursing Inpatient Beds 40 Inpatient Days 6243

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate
Care Inpatient Beds 0 Inpatient Days 0

☒ Skilled Nursing Inpatient Beds 30 Inpatient Days 9741

Total Beds this Building 80

☐ Surgical

☐ Obstetrical
Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☒ Rehabilitation
Therapy

☐ Administration

☐ Renal Dialysis

☐ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☐ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 04

Building Name: Rehabilitation Hospital - Magnolia

Medical / Surgical (Include GYN)

Inpatient Bed 0 Inpatient Days 0

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 40 Inpatient Days 6243

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 30 Inpatient Days 9741

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 0 Inpatient Days 0

Rehabilitation Center

Inpatient Bed 10 Inpatient Days 2287

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

80

Total Beds this Building Per Service

0

Report Year:

2010

10526

Corona Regional Medical Center-Magnolia

Corona

Page:6 of 13

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

**Building
Number**

**Building
Name**

**Building to
be Removed**

04

Rehabilitation Hospital - Magnolia

X

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

04

Building
Name:

Rehabilitation Hospital - Magnolia

Year of
Information:

2008

Information Current As
Of:

12/31/2008

Type of Services
Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="10"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="40"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="30"/>
	Total Beds this Building	<input type="text" value="80"/>

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☒ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

04

Building
Name:

Rehabilitation Hospital - Magnolia

Year of
Information:

2009

Information Current As
Of:

12/31/2009

Type of Services
Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="10"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="40"/>
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="30"/>
	Total Beds this Building	<input type="text" value="80"/>

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☒ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Provide the number of inpatient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per [Section 130061\(c\)\(2\)\(D\)](#)

Building
Number:

04

Building
Name:

Rehabilitation Hospital - Magnolia

Year of
Information:

2010

Information Current As
Of:

12/31/2009

Type of Services
Provided



Nursing

Inpatient
Beds

10



IntensiveCare

Inpatient
Beds

0

Pediatric/Adol
escentInpatient
Beds

0

Psychiatric
NursingInpatient
Beds

40

Obstetrical
Ante/PostprtumInpatient
Beds

0

Intermediate
CareInpatient
Beds

0



Skilled Nursing

Inpatient
Beds

30

Total Beds this
Building

80



Surgical



Anesthesia



Clinical Lab

Radiological/
Imaging

Pharmaceutical



Dietetic



Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
WellBaby

Emergency

Nuclear
MedicineRehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

Report whether the general acute care services and beds will be relocated to a new or retrofitted building and any corresponding building sites or project numbers per [Section 130061\(c\)\(2\)\(E\)](#)

Building
Number:

04

Building Name:

Rehabilitation Hospital - Magnolia

Will general acute care services and beds will be relocated to a new or retrofitted building?

Nursing

Removed from hospital services

Building
Number:

04

Building Name:

Rehabilitation Hospital - Magnolia

Will general acute care services and beds will be relocated to a new or retrofitted building?

Psychiatric Nursing

N/A

Building
Number:

04

Building Name:

Rehabilitation Hospital - Magnolia

Will general acute care services and beds will be relocated to a new or retrofitted building?

Skilled Nursing

N/A

Building
Number:

04

Building Name:

Rehabilitation Hospital - Magnolia

Will general acute care services and beds will be relocated to a new or retrofitted building?

Rehabilitation
Therapy

N/A

Report Year:

2010

10526

Corona Regional Medical Center-Magnolia

Corona

Page:11 of 13

Building
Number:

04

Building Name: Rehabilitation Hospital - Magnolia

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Rehabilitation
Center

N/A

Building
Number:

04

Building Name: Rehabilitation Hospital - Magnolia

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Acute Psychiatric

N/A

Building
Number:

04

Building Name: Rehabilitation Hospital - Magnolia

Will general acutr care services and beds will be relocated to a new or retrofittred building?

Skilled Nursing

N/A

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

04

Building Name:

Rehabilitation Hospital - Magnolia

Type of Service Provided

☒

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☒Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☒

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☒Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04

Building Name:

Rehabilitation Hospital - Magnolia

Configuration
:

Remove from GAC service by 1/1/2013

Type of Service Provided☒

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☒Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☒

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☐Support
Services